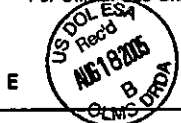


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9801</u>	2 Fiscal Year Covered From <u>1 / 1 / 2004</u> Through <u>12 / 31 / 2004</u>
3 Name and address of person filing Name <u>David M Stephens</u> P O Box Bldg Room No if any Street <u>5378 Knightwood Drive</u> City <u>Klamath Falls</u> State <u>Oregon</u> ZIP Code + 4 <u>97603-8527</u>	4 Name file number and address of labor organization Name <u>Brotherhood Of Locomotive Engineers & Trainmen</u> Labor Organization File Number <u>048-389</u> P O Box Building and Room Number if any Street <u>5378 Knightwood Drive</u> City <u>Klamath Falls</u> State <u>Oregon</u> ZIP Code + 4 <u>97603-8527</u>
5 Position in labor organization <u>Secretary/Treasurer</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent

6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount
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Signature

15. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

David M Stephens

On

08/12/2005

Date

(541) 273-1954

Telephone Number

Name of Person Filing David Stephens

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

9 Business deals with

☐ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

See Attachment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

See Attachment

14 b Amount of payment

See Attachment

Attachment "A"
Form LM-30 (Labor Organization Officer and Employee Report)
Fiscal Year 01/01/2004 thru 12/31/2004

Reporting Labor Organization	Brotherhood of Locomotive Engineers and Trainmen
Labor Organization Officer	David M. Stephens (Secretary/Treasurer)
5-digit OLMS File Number	None available at this time
Organization File Number	2004LM-30
Ending Date of Reporting Period	12/31/2004

*The purpose of this Attachment A is to furnish additional itemized information pertaining to Part C (Items 13 thru 14) of the Form LM-30 report. The information shown below reflects the best good faith estimate of value and occasion based upon personal recollection.

13a Name and Address of Employer/Labor Relations Consultant	13b Business is an employer/Consultant	14a Nature of Payment	14b Amount of Payment
Bauer & Baebler 1010 Market Street Suite 350 Saint Louis, MO 63101-2029	Employer	2/08/04 Reception/Banquet in conjunction with Union function (S/T workshop)	In excess of \$25.00
Bauer & Baebler 1010 Market Street Suite 350 Saint Louis MO 63101-2029	Employer	2/09/04-Dinner outing in conjunction with Union function (S/T workshop)	In excess of \$25.00
Hubbell, Peak, O'Neal, Napier and Leach 3901 McCain Park Drive North Little Rock, AR 72116	Employer	2/10/04 Supper Banquet in conjunction with Union function (S/T workshop)	\$28.95 per person

Name of Person Filing Roosevelt Stanford

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name IND CARPENTERS WELFARE FUND

Trade Name if any

P O Box Bldg Room No if any PO BOX 421729

Street

City INDPLSState IN ZIP Code + 4 46242-1729

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name IND CARPENTERS WELFARE FUNDTrade Name if any IND CARPENTERS WELFARE FUNDP O Box, Bldg. Room No if any PO BOX 421729

Street

City INDPLSState IN ZIP Code + 46242-1729

11 a Nature of such dealing

PROVIDERS HEALTH & WELFARE
BENEFITS TO MEMBERS

11 b Approximate dollar value of such dealing

UNKNOWN

12 a Nature of interest held or income received

REIMBURSEMENT FROM TRUST FUND
FOR DEPARTMENT OF LABOR AND ERISA
REQUIRED EDUCATIONAL CONFERENCE FOR
FOOD, TRAVEL AND LODGING IN EXERCISE OF
MY FIDUCIARY DUTY

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant
(including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

1/113 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

3,359

Name of Person Filing <u>Roosevelt Stanford</u>	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name SEGAL Company
 Trade Name if any _____
 P O Box, Bldg Room No if any _____
 Street 101 NORTH WACKER DR STE 500
 City CHICAGO
 State ILLINOIS ZIP Code + 4 60606-1724

9 Business deals with

☐ a Labor Organization

☒ b Trust

☐ c Employer

10 If 9.b or 9.c. is checked give trust or employer's name

Name IND Computer Welfare Fund
 Trade Name if any IND Computer Welfare Fund
 P O Box, Bldg Room No if any PO BOX 421229
 Street _____
 City INDIANAPOLIS IND Computer Welfare Fund
 State IND ZIP Code + 4 46212

11 a Nature of such dealing

EDUCATION ON HEALTH + WELFARE

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

ATTENDED DINNER IN NEW ORLEANS
on 12/04/2005
TWO TICKETS WIFE + MYSELF

12 b Amount.

\$102

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name _____
 Trade Name if any _____
 P O Box Bldg Room No if any _____
 Street _____
 City _____
 State _____ ZIP Code + 4 _____

14 a Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☒ ?

14.b Amount of payment

\$102